

Place labelled specimen in bag, remove protective strip, fold flap onto bag and seal firmly.

**3E**

# HISTOCOMPATIBILITY & IMMUNOGENETICS

**NHS**

Blood and Transplant

## Granulocyte Immunology

**IMPORTANT: Three concordant** points of identification must be used on **this form** and **all samples**. Failure to adequately complete the essential information may result in samples not being tested. Please ensure adequate fresh samples are sent.

**Essential information is in BLACK and should be completed in BLOCK CAPITALS.**

### Person Details

Surname

First Name

DOB (DD/MM/YY)  /  /

NHS No.

- Male  Female  
 NHS  Non NHS

Hospital No. ....

Referral Lab No. ....

Address (including Postcode).....

.....

- Ethnicity:  White  Black  Asian  Mixed  
 Other.....

Known risk:  Yes  No  Don't know

Please specify.....

### Referring Hospital

Full Hospital Name

Town/City

ODS Code\* .....

Department .....

Address label can be used here, include country if outside UK.

Consultant.....

Name of Requester .....

Signed .....

Date (DD/MM/YY)  /  /

Contact No. ....

Copy reports to be addressed to .....

ODS code† / Department (if different to above) .....

Sample date (DD/MM/YY)  /  /

Sample time (if relevant)  :

Sample type (if not peripheral blood).....

### Diagnosis / Treatment / Test Reason / Relevant Clinical Information

### Test Request

Please telephone the laboratory if the results of these investigations are required urgently. Please ship all samples at ambient temperature. Please tick box(es) and supply information as required.

#### Neonatal Alloimmune Neutropenia (NAIN):

A separate form must be completed for each individual. Please discuss all NAIN cases with the laboratory prior to taking samples.

Date of delivery\*/EDD\*:  /  /

Length of gestation: /40 weeks

Neonatal neutrophil count:  x10<sup>9</sup>/l

Maternal neutrophil count:  x10<sup>9</sup>/l

NAIN partner\*/child\* of (mother's name):

.....

DOB:  /  /

NHS No.\*

Hospital No.\* .....

\*Delete as appropriate.

#### Adult autoimmune neutropenia:

Neutrophil count:  if > 2.0x10<sup>9</sup>/l give reason for testing

.....

Primary\*/ Secondary\* .

Diagnosis .....

#### Infant Autoimmune Neutropenia

Neutrophil count:  If > 2.0x10<sup>9</sup>/l give reason for testing

.....

#### Drug induced antibody mediated neutropenias:

Please discuss ALL cases with the laboratory prior to taking samples.

Neutrophil count:  x10<sup>9</sup>/l

Date drug started  /  /

Identify the implicated drug(s). Samples of the drugs **MUST** be sent with the specimen.

Drug name(s) .....

Further copies of this form can be obtained from: <http://tinyurl.com/h-i-forms>

### NHSBT use only

ISBT 128 label  
(Molecular)

ISBT 128 label  
(Serological)

Samples Received

- EDTA  
 Clotted  
 Other

Date Received

FRM1001/3.1



## For Your Information: Please ship all samples at ambient temperature

All samples must be appropriately addressed – Marked “H&I - Diagnostic Specimens”

NHSBT CENTRE	ADDRESS	Phone - LAB	FAX
Filton	500 North Bristol Park, Northway, Filton, Bristol, BS34 7QH	0117 921 7325	0117 912 5731

### Other test request forms

H&I diagnostic testing Please use form: 3A

Platelet immunology Please use form: 3D

Organ transplantation Please use form: 3B

Granulocyte immunology Please use form: 3E [This form]

Haematopoietic stem cell transplantation Please use form: 3C

### IMPORTANT: Sample labelling / completion of request form

Three points of identification must be used on the form and on the sample tubes (tube and form details must agree):

1. Forename AND surname
2. Date of birth
3. NHS number (essential where available, if not available another unique identifier must be supplied)

For pretransfusion testing the samples tubes must be signed and dated.

Please see document MPD1108 "H&I Requirements for Sample Labelling and Request Form Completion" at <http://tinyurl.com/h-i-forms> for details.

In general, smaller volumes are permissible in infants - please contact your laboratory for help and advice.

### Consent

Unless written notice is received consent for both investigations and the use of any surplus sample in scheduled purposes (quality control, staff development or ethics committee approved research) will be assumed.

### Sample requirements

**NAIN:** mother (6ml clotted & 6ml EDTA blood); father (6ml EDTA blood); baby (1ml EDTA)

**Infant autoimmune neutropenia:** 2ml clotted and 2ml EDTA blood. The neutrophil count of the patient should be  $<2 \times 10^9/L$ .

**Adult autoimmune neutropenia:** 6ml clotted blood. The neutrophil count of the patient should be  $<2 \times 10^9/L$ .

**Drug induced antibody mediated neutropenias:** 6ml clotted blood and a sample of the implicated drug(s) together with the pharmacological concentration used.

### Blood sample storage & transportation

Urgent samples must be marked urgent and discussed with the appropriate laboratory before dispatch.

Anticoagulated blood samples for direct assays, HNA phenotyping and crossmatching **must** arrive within 24 hours of venesection and be stored and transported at ambient temperature. These samples should be labelled as 'urgent' and 'store at room temperature' on the outer packaging and the referrals discussed with H&I Filton before dispatch. Samples for all other investigations can be stored at 4°C before shipping. Samples that are sent to NHSBT must be packaged in accordance with EU Carriage of Dangerous Goods regulations and IATA regulations.

### Further information

For other enquiries, please contact your laboratory for help and advice.

NHSBT H&I information can be found at [http://hospital.blood.co.uk/diagnostic\\_services/handi/index.asp](http://hospital.blood.co.uk/diagnostic_services/handi/index.asp)

\*ODS code refers to the NHS Hospital location code, previously known as the NACS organisation code or NHSIA location code e.g. RJ701 or RQ8MY

